

# EXPLANATION OF CHIROPRACTIC MEDICARE

5290 Seminole Blvd. Suite A St. Petersburg, Fl. 33708



## MEDICARE DOES COVER CHIROPRACTIC, BUT WITH LIMITATIONS.

Medicare requires you to have an examination to verify there is a vertebral “subluxation” misalignment that necessitates the need for chiropractic adjustments. Medicare WILL NOT however, pay for this examination. Our office policy states that we require an x-ray be performed on you to visualize a spinal misalignment. This is once again, to allow Medicare to substantiate paying for your chiropractic adjustments. Medicare WILL NOT pay for these x-rays. Both the examination and x-ray are the financial responsibility of the patient unless a secondary insurance will cover these procedures.

Your condition may require more treatments or benefit from additional therapies that Medicare WILL NOT pay for.

MEDICARE WILL ONLY PAY FOR A CHIROPRACTIC ADJUSTMENT TO THE SPINE AND NOTHING ELSE!!!

These additional therapies can aid in you holding your adjustments longer, make the adjustment more comfortable, make surrounding soft tissue more pliable and have a variety of other health benefits. If you have a secondary insurance, we will verify with them to see if they may cover these additional therapies.

You always have the option of declining additional therapies; however we will recommend them to you if we feel they are necessary for your improvement or health. If you choose to have these additional services and your Secondary Insurance does not cover these services, you as the patient, are responsible for the payment.

If we recommend these additional therapies to you and you choose NOT to utilize them, PLEASE LET US KNOW!

The cost of ALL the additional therapies (excluding x-rays and exam and massage) that are performed in conjunction with your adjustment for that day is a \$40 additional charge. So, to break a Medicare office visit down, Medicare pays for the adjustment only and the patient pays a \$40 co-pay for the additional therapies if they decide to utilize them.

**\*\*\* \$40 CO-PAYMENT....COVERS ALL ADDITIONAL THERAPIES**

**PERFORMED UNDER THE OFFICE VISIT.**

**(DOES NOT COVER THE COST OF EXAM, X-RAYS, OR MASSAGE)**